DOCUMENT RESUME

ED 171 088 **EC 115 297**

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TITLE	The Assessment Placement and Monitoring Index: A Non-Categorical Severity Scale for Handicapped Students.
PUB DATE	Apr 79
NOTE	29p.; Paper presented at the Annual International Convention, The Council for Exceptional Children (57th, Dallas, Texas, April 22-27, 1979, Session P-72)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Academic Achievement; *Communication Skills; *Educational Diagnosis; Elementary Secondary Education; *Handicapped Children; Individualized Programs; Informal Assessment; Preschool Education; *Student Behavior; Student Evaluation; *Student Placement
IDENTIFIERS	*Assessment Placement Monitoring Index

ABSTRACT

The APMI (Assessment, Placement, and Monitoring Index) is a non-categorical placement procedure designed to facilitate objective assessment, placement, and monitoring of exceptional children (ages 4 and up). The purpose of the APMI is to offer an "alternative" model for determining "severity" that (1) describes the needs of the individual handicapped student, and (2) demonstrates a program that will facilitate services to those needs. Evaluation for the scale is made in three areas: classroom skills (academic and personal independence), communications skills, and classroom behavior. Children 4-7 years are evaluated in the pre-academic areas of cognition, motor development, and memory. Children 8-years and older are evaluated in the academic areas of reading, math, and spelling, as well as general intelligence. Personal independence is measured by both formal and informal means. A communication score is arrived at by combining scores on four basic areas of communication (articulation, language, fluency, and voice). Behavior evaluation is made by informal means for less involved children, and by formal measurement in severely involved children. The placement process has been used to place 1400 school age children. It has been found that the procedure allows for easy identification of the student's needs and therefore meets the requirements of the individualized educational plan. (Author/PHR)

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THE ASSESSMENT PLACEMENT AND MONITORING INDEX: A NON-CATEGORICAL SEVERITY SCALE FOR HANDICAPPED STUDENTS

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Abstract:

This paper describes a non-catergorical placement procedure designed to facilitate objective assessment, placement, and monitoring of exceptional children. The instrument's utility in program accountability is also described.

To one degree or another, all children demonstrate a variety of social, emotional, academic or communicative assets and deficits. When a deficit, or a combination of deficits within one of these areas, is sufficiently extensive to interfere with daily living or educational activities, the child may be termed "handicapped" and provided with a label descriptive of a "class" of children with similar limitations. The relationship between these labels and the remedial process is at best questionable. In fact, research suggests that these traditional labels may be the source of rejection to children mainstreamed into the regular classroom environment (Haywood, 1971; MacMillian, 1977). These labels are unable to deal with the "degree" of involvement and leave little allowance for individual differences within, or across, these labels. At any rate, it is easy to recognize that some "LD" children have more needs than others, and some "EMH" students may have fewer needs than some "LD" children, even though "LD" is generally considered to be a less severe condition. There is a continuum of needs and a continuum of severity that is generally independent of a label.

The purpose of the Assessment, Placement, Monitoring Index, (APMI) is to offer an alternative vehicle - a "severity scale" that 1) describes the needs of the individual handicapped student, and 2) demonstrates a program that will facilitate service to those needs, the assumption being that a continuum of needs dictates a continuum of service.

RATIONALE

Professionals serving exceptional children within the public schools have grown aware of the limitations of labeling.

Too often subjective impressions have led to identifying a student as handicapped and an "appropriate" label attached to meet the needs of the school district rather than the needs of the child. That label tells little about the child's strengths and weaknesses and may only serve to lock the student into a program that has been developed to serve students with similar labels. Students, parents, and educators moving from one district to another, soon find that the definition of a student's condition is not universal. Therefore, placements vary a great deal.

The general classifications, LD, ED, EMH, etc., offer little in the process of developing an individual educational plan or monitoring a student's progress.

The concept upon which the APMI is based is rather easily stated. As the needs of a student increases the time necessary to accomodate or remediate those needs increases. Although easily stated, this concept may be difficult to describe. As a student's skills deviate further from those we expect in children his age, we can assume that the child's needs will require more time from his teacher. At some point the student's needs exceed the time the teacher can provide and special programming is needed. These services are also based on time. An itinerant resource teacher may be able to provide for a student's needs through consultation with the classroom teacher, or an hour a week of direct contact with the child. If not, a resource room placement that is available for several hours a week might be necessary. Perhaps the student's needs deviate so much from his peers that a very structured full day placement is necessary. The APMI attempts to correlate the individual

student's needs with a time element necessary to habilitate those areas.

PARAMETERS

In developing the concept of the APMI, four basic parameters had to be realized. This procedure was designed to: 1) accurately describe 95% of the target population, 2) conform to state and federal mandates, 3) utilize currently available and acceptable evaluative instruments, and 4) to allow for and not overrule professional judgment.

ASSESSMENT

The scale requires evaluation in three educationally significant areas including classroom skills which includes academics and personal independence, communication skills, and behavior. In these areas lie the skills necessary for development and achievement in an academic environment. A comprehensive assessment by a multidisciplinary team using standard measures and objective observations, must be provided before a student is placed in a special program. The instruments used must be appropriately standardized and qualifiable, two criteria essential in any objective diagnostic tool.

Classroom Skills:

Recent state and federal statutes as well as sound diagnostic "sense" demands that a student be evaluated, not only as to his intellectual abilities, but also his academic performance. In addition to intellectual assessment, each child receives a battery of tests designed to assess academics or pre-academics, and personal independence. The distinction

between academics and pre-academics is made as a result of the limiation of contemporary, standardized, instruments, in evaluating pre-school, kindergarten, and first grade students who have not been exposed to the concepts inherent in most academic assessments. Pre-school and early elementary students are evaluated in relation to a) general cognitive, b) memory, and c) motor skills, (McCarthy, 1972). Second grade students and above, are examined relative to a) reading, b) math and c) spelling. All of the students receive personal independence assessment as well as intellectual testing.

Communication Skills:

The impact of communication on a student's growth is enormous. The student's ability to use basic phonological, morphological, lexical, and snytactical rules may well influence a student's performance in the classroom. The APMI is designed to examine articulation, language, voice and fluency in an effort to assess a student's communication skills.

In the normal acquisition of speech sounds there is a range of development through which most children progress. The student who falls within that normal range must not be classified as handicapped. The articulation portion of the scale uses data collected by Eric Saunders (1972) with some local adaptation. A sample of the student's phonological skills, obtained through the use of standard instruments, is compared to Saunders developmental range. Language assessment includes both receptive and expressive skills, however, expressive abilities are emphasized for the purposes of the scale. Fluency and voice are observed with profiles used to insure some degree

of objectivity in these difficult to assess areas.

Classroom Behavior:

Assessment of the student's behavior is essential in the comprehensive evaluation outlined by the APMI. This component has, in the past, been examined through rating scales which require an informant who is well acquainted with the student. The limitations of this type of evaluation has led to a locally developed classroom observation procedure that is consistent with state and federal mandates requiring "classroom observations" and promises to improve the quality of data collected in this area of assessment, (Shellhaas and Vesce, 1978). This normed procedure allows one to assess the extent of "on task" behavior as well as item analyze "off task" behavior.

THE SCALE

The basic scale ranks a student along a continuum of services from 0 to 9 with 0 being the standard program and 9 being the most restrictive or intensive intervention available. These scores 1 to 9 correlate with a percentage of time in a special program with 0 being "no service required" and 9 being 99% or "full time placement". An outline of this continuum can be found on figure 1. Evaluation of a student in any of the three educationally relevant areas results in a numerical factor, which, when applied to the scale, computes to the "severity" of the child.

Classroom Skills:

The academic/pre-academic and personal independence

evaluation combine to produce a score ranging from 0-16 (figure 1). The academic/pre-academic areas contribute a maximum of 12 points while personal independence contributes a maximum of 4 points. In the case of severe retardation, an intellectual assessment combined with the personal independence evaluation may be used in absence of academics. The assumption being that any academic or pre-academic skills the student possesses would be so restrictive they could not contribute significantly to the scale.

In the case of the K-1st grade levels, where pre-academic assessment is used, three measures are taken, each contributing a maximum of 4 points for a total of 12 points (figure 1). The verbal, perceptual, and quantitative scores are combined into one "general cognitive" index as described by McCarthy, (1972). The two other areas, motor and memory are also utilized. The index values are converted to the academic scale as in figure 3. If only an IQ is used in this area, the academic scale score (figure 3) is derived from the IQ score obtained.

For grades 2 through 12 the following formula is utilized for each of the assessed areas (reading, math, spelling):

$$\frac{\text{IQ X G.E.}}{\text{CA - 5.2}}$$

Where the G.E. is the obtained grade equivalency from an achievement test, the denominator represents "age grade equivalence." The 5.2 being an adjustment factor allowing for the average age of children entering school. Each area contributes a maximum of 4 points each to the academic scale. The factor obtained from this formula is converted to the

ASSESSMENT, PLACEMENT, MONITORING INDEX

SEVERITY SCALE	% IN PROG.	CLASSROOM SKILLS (and/or)	CLASSROOM BEHAVIOR	COMMUNICATION
0	.00	0 Standard Program	0 Standard Program	0 Standard Program
1	.01	1 Consultation	1 Standard program plus consultation for behavior management	1 Consultation
2	.01	2 Regularly scheduled consultation or intervention	2 Regularly scheduled consultation	2 Regularly scheduled consultation or intervention
3	.02-.03	3 Intervention (approx. 1 hour per week)	3 Regularly scheduled consultation	3 Intervention (approx. 1 hr. per week)
4	.03-.09	4 Intervention (1-3 hrs. per week)	3 Regularly scheduled consultation	4 Intervention (1-3 hrs. per week)
5	.10-.16	5 Intervention 6 (3-5 hours) 7	3 Regularly scheduled consultation	7+ Intervention (3-10 hrs. per week)
6	.17-.49	8 Intervention 9 (6-15 hours) 10	3 Regularly scheduled consultation	Intervention in a special education setting .03 - .09
7	.50-.98	11 15 hours + 12 Contained class w/main- 13 streaming capabilities	3 Regularly scheduled consultation	Intensive intervention in a sp. ed. setting 10+
8	.99	14 Self-contained/Homebound 15	4 Engineered classroom	Homebound
9	.99	16 Residential/Basic Skills	4 Residential	Residential

Figure 1

PLACEMENT CRITERION - AREAS OF ASSESSMENT

I. CLASSROOM SKILLS

A. Academic/Pre-academic

Pk - 1	2-12	Measurement	Scale Max.
		2 - 12:	
1) General Cognitive	Reading		4
		IQ x G.E.	
2) Motor	Math	CA - 5.2	4
3) Memory	Spelling	Pk - 1:	4
		Scale Index	

(IQ only)----------Total 12

B. Personal Independence (Daily Living Skills)

1) Independent Functioning	SD's	
2) Physical/Medical	"Social Quotient"	
3) Economic Activities	"Developmental Quotient"	
4) Domestic Activities	"Attainment Quotient"	4
5) Vocational	Total	4
	Total Intervention	16

C. Communications
(Refer to Communication Severity Scale)

II. CLASSROOM BEHAVIOR

Behavior/Emotional		
1) Personal Adjustment	SD's on:	
2) Social Adjustment	AAMD	
3) Withdrawal	DESB	
	DCB	
	DAB	4
	Total	4

Figure 2

SCALE VALUES

Measured Area	0	1	2	3	4
Academic Reading Math Spelling $\frac{IQ \times G.E.}{CA - 5.2}$		75→	62→	50→	20→
IQ McCarthy Scales -- General Cognitive Vineland -- Social Quotient Denver Dev. -- Developmental Quotient PAR -- Attainment Quotient		85→	75→	65→	55→
AAMD Devereux Elem. School Behavior Devereux Child Behavior Devereux Adolescent Behavior (All Standard Deviations		1.0→	1.5→	2.0→	2.5→
McCarthy Motor Memory		40→	35→	30→	25→

Figure 3

Example

SEVERITY SCALE WORKSHEET

Name: _____ Student Number: _____

Age/Grade: _____/_____

School: _____

EXTENT OF INTERVENTION

I. Classroom Skills

A. Pre-academic/Academic

	Test Score	IQXGE / CA-5.2	Scale
General Cognitive/Rdg.:	_____	_____	_____
Memory/Math:	_____	_____	_____
Motor/Spelling:	_____	_____	_____
TOTAL			_____

B. Personal Independence:

Standard Deviation _____-_____

TOTAL A & B _____-Sev._____-_____%

II. Communications

articulation: _____
language: _____
fluency: _____
voice: _____ TOTAL COMM. SCORE: _____

RECOMMENDATION: _____-Sev._____-_____%

III. Classroom Behavior

0 - Standard Program
1 - Standard Program and Behavior Management
2 - Regularly Scheduled Consultation
3 - Regularly Scheduled Intervention
4 - Engineered Classroom

Standard Deviation _____-Sev._____-_____%

TOTAL PERCENT IN PROGRAMS _____%

COMMENTS

FIGURE 4

academic scale score as indicated in figure 3. This formula takes into consideration the interaction of "intellectual potential" and achievement and compares the child with his age and grade group. The formula insures that the child with the most pressing need will receive a higher severity rating.

The personal independence score may contribute a maximum of 4 points to the academic/personal independence score. The score is computed using standard deviations, social quotients, developmental quotients or attainment quotients depending on the instruments administered. Figure 3 is again used to determine the sole value from 1 to 4.

The scores from the academic scale are then combined with the personal independence score to produce a total of from 0 to 16. Figure 1 is used to convert the severity scale score (0-9) and a percentage of time in program can be obtained.

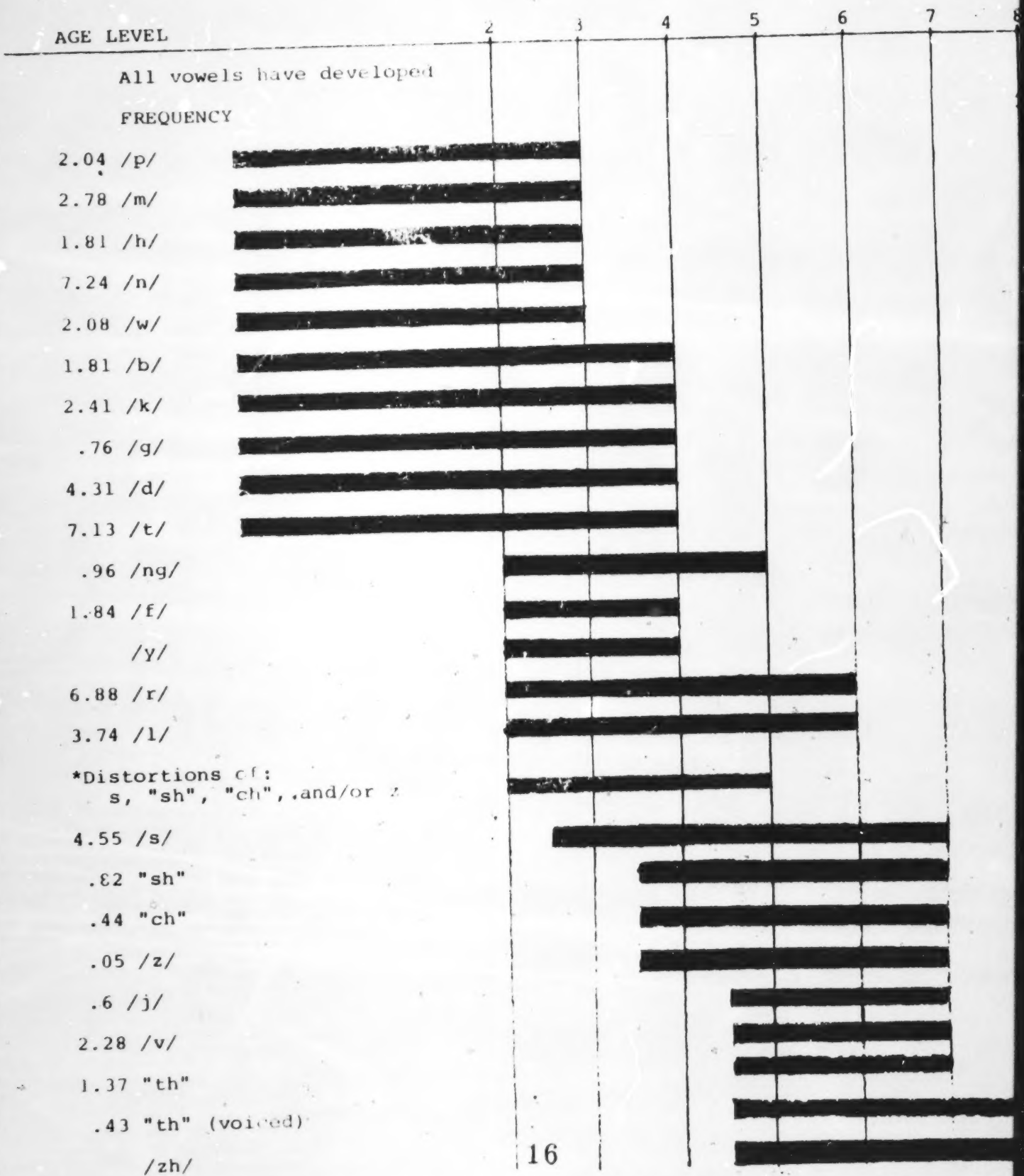
Communication Skills:

Articulation

Students who demonstrate delays in the production of speech sounds that do not exceed 12 months will be recorded as having "communication irregularities" and scheduled for re-evaluation in approximately one years time.

The following scores will be assigned to students as their skills and level of remediation dictate:

4 . . . . Students whose intelligibility is impaired as a result of multiple articulation errors with at least one phonemes observed as 12 or more months delayed.



* It is recognized that distortions of s, "ch", "sh", and/or z are significant in the prognosis of communicately handicapped students. Therefore, this category has been treated separately.

3 . . . . Students whose communication is impaired by a 12 or more month delay in the development of one or more phonemes.

DECREASING REMEDIAL LEVELS

2 . . . . Student who has progressed to the point that production of the previously delayed phoneme has reached 80% accuracy at the sentence (not imitative) level and regularly scheduled monitoring is needed to insure maintenance.

1 . . . . Student who has demonstrated 90% accuracy of the previously delayed phoneme in conversational speech and intermittent monitoring for carryover is needed prior to dismissal.

As the evaluation and observation of articulation is made some decision must be reached relative to the accuracy of each phoneme. If two of the three positions in production are correct, a "prognostic normal" (0) might be given as a score.

Lanugage

The language scale has been divided into two levels: I) 3 years to age 8 years, and II) 8 years to age 21 years. These levels are required as a result of the emphasis on communication at the pre-school and early elementary ages, Level I and the influence of "academics" and change in remedial procedures at Level II. The scale has been adjusted to emphasize early remediation through more intensive therapy at Level I, and a comprehensive academic/communication program, through the cooperation of other special services staff and the speech pathologist at Level II.

LANGUAGE LEVEL I (3 - 8 years)

4 . . . . Appropriate diagnostic instruments and clinician observations indicate that the students use of expressive language is at least 18 months below those skills generally observed in children of the same age.

3 . . . . Appropriate diagnostic instruments and clinician observations indicate that the students use of expressive language is at least 12 months below those skills generally observed in children of the same age.

2 . . . . Student demonstrates a delay in expressive language usage of less than 12 months with the child's communication deviations observed in the classroom.

DECREASING REMEDIAL LEVEL

1 . . . . Student has progressed to the point that the errors previously observed are now produced with 90% accuracy. The student's needs include periodic monitoring to insure maintenance.

LANGUAGE LEVEL II (8 years - 21 years)

4 . . . . Assessment of expressive language skills, through the use of recognized diagnostic instruments, indicate a delay of at least 24 months in the acquisition of of those skills.

3 . . . . Student demonstrates a delay of at least 18 months in the acquisition of appropriate expressive language skills.

2 . . . . Student demonstrates a delay in expressive language of at least 12 months with the child's communication deviations observed in the classroom.

DECREASING REMEDIAL LEVEL

1 . . . . Student has progressed to the point that the errors previously observed are now produced with 90% accuracy. The student's needs include periodic monitoring to insure maintenance.

Voice

0 - Normal pitch, quality ntensity

1 - Casual listener is unaware of deviance; student unaware of voice difference; deviancy may be intermittent and concern from other than the referral source is not apparent. Average Deviation Score 1-2 - Observation.

2 - Casual listener is unaware of deviance; student may or may not be concerned; deviancy is consistent; medical referral may be indicated. Average Deviation Score 1.5-2.0 - Periodic Involvement.

3 - Casual listener is aware of problem; student may or may not be aware or concerned; deviancy is consistent; medical referral is indicated. Average Deviation Score 2.0-2.5 Scheduled Intervention.

4 - Casual listener is aware; child and parent/teacher are aware; deviation is consistent; communication is difficult. Average Deviation Score 2.5 suggests medical referral and therapy.

VOICE PROFILE

	Intensity	Vocal Range	Pitch	Nasality	Laryngeal Function: Breathiness	Harshness	Hoarseness	Glott at
	Loud	Variable Pitch	High	Hypernasal				
	+3	+3	+3	+3	+3	+3	+3	+3
	+2	+2	+2	+2	+2	+2	+2	+2
	+1	+1	+1	+1	+1	+1	+1	+1
NORMAL	0	0	0	0	0	0	0	0
	-1	-1	-1	-1				
	-2	-2	-2	-2				
	-3	-3	-3	-3				
	Soft	Monotonous	Low	Hyponasal				

$$\text{Average Deviation Score} = \frac{\text{Total of Scored Areas}}{\text{Number of Areas Scored}}$$

Total of Scored Areas = Change all -'s to plus and total

Number of Areas Scored = Areas receiving a + or -

Fluency Severity Scale

0 - Normal

1 - Primarily parental concern. Child may demonstrate some non-fluencies including whole word repetitions and inconsistencies in fluency from speaking situation to speaking situation. The presence of the non-fluencies would be considered normal non-fluency.

2 - Child presents whole and/or part word repetitions of utterances. The child is aware of this behavior but demonstrates no concern and no secondary reactions to the non-fluencies.

3 - Child presents whole or part word repetitions, prolongations, or other rhythmic variations in his/her utterances. Airflow interruptions may be present. Secondary characteristics may be present but not dominant.

4 - Child presents whole or part word repetitions, prolongations, or other rhythmic variations in his/her utterances. Airflow interruptions are present and noted by listener. Secondary characteristics are present and obvious to the listener or visual observer.

* *

PROFILE OF STUTTERING SEVERITY

Scale	Frequency	Tension-Struggle	Duration
1	0 - 2%	Rare but present	Average ½ second
2	3 - 5%	Usual but mild	Average 1 second
3	6 - 12%	Severe	Average 2-3 seconds
4	More than 13%	Overflow to eyes, limbs and trunk	Longer than 4 seconds

Frequency = stuttered words as a percentage of spoken words.

Duration = average duration of a stuttering moment.

BEHAVIOR SCALE

The primary purpose of the behavior evaluation is to determine the amount of structure or intervention the child with behavioral or emotional problems might require to function in an academic setting. This structure may be provided in the regular classroom, remedial or special program, or perhaps, in extreme cases, a totally structured classroom setting. After administering a behavioral scale and providing a classroom observation, standard deviations are calculated with a scale score of 0-4 assigned through Figure 3.

THE APMI WORKSHEET

The worksheet (see Figure 4) is divided into three major areas: Classroom Skills, Communication and Classroom Behavior. The first section includes the Academic, Personal Independence, sub-categories. Depending on the age/grade level of the student, the academic scale may be computed using pre-academic or academic evaluative data.

A) As mentioned previously, children age 4 through 7 (pre-school - first grade) are evaluated in the pre-academic areas of General Cognitive, Motor, and Memory. Scores for pre-academic areas are equated to a 0-4 scale using Figure 3 at the end of this section. Students 8 years and older (grades 2 - 12) are evaluated in the areas of Reading, Math, and Spelling as well as general intelligence. These grade equivalency and IQ scores are used in the formula:

$$\frac{IQ \times G.E.}{CA - 5.2} = \text{Scale Score}$$

The product is then equated to its scale value on Figure 3 and that value entered on the worksheet. The scale scores for the three pre-academic/academic areas are totalled and entered. The total of the above scale scores will be between 0 and 12.

B) Personal Independence is measured by both formal and informal means. The standard deviation of the formal evaluation is equated to a scale score using Figure 3 and entered on the worksheet. At this point, the total of Academic and Personal Independence is calculated. Using Figure 2, the Classroom Skills severity is determined together with the recommended percentage of intervention.

C) The Communication section of the worksheet specifies four basic areas of communication (articulation, language, fluency, and voice) A TOTAL COMMUNICATION SCORE (T.C.S.). is obtained when the scale scores of each of the four areas are combined. The T.C.S. then computes to a Severity Score which in turn designates the percentage of time necessary to remediate the student's communication problem (Figure 1). The results of tests, including auditory evaluations, oral-peripheral examinations, and informal assessments, are noted under the "comments" section and are available for the speech/language clinician, classroom teacher, and other members of the diagnostic/remedial team.

D) The Classroom Behavior of a child is evaluated by both formal and informal means. The standard deviation in the formal evaluation is equated to a scale score using Figure 3 and entered on the worksheet. Informal assessment may only be equated to scale scores of 0-1. Formal evaluative measures are needed to verify more severe involvement.

Placement considerations for each of the scale scores is printed on the worksheet but the specialist filling out the sheet must make a judgment assigning the Severity Scale three through seven to those evaluations indicating a scale score of 3. Figure 1 provides the behavior scale breakdown.

The following example is offered in an effort to clarify the scale and its use in describing and placing handicapped students.

Example:

Susan is a 7 year 5 month old second grade student who was referred relative to a potential communication problem and some reading difficulties. Test data is included in the following worksheet. (See Example)

Example

SEVERITY SCALE WORKSHEET

Name: Susan Student Number: _____

Age/Grade: 7-5 (7.42) / 2

School: _____

EXTENT OF INTERVENTION

I. Classroom Skills

A. Pre-academic/Academic

	Test Score	IQXGE / CA-5.2 Scale
General Cognitive/Rdg.:	1.5	57.3 = 2
Memory/Math:	2.1	80.2 = 0
Motor/Spelling:	1.8	68.7 = 1
TOTAL		3

B. Personal Independence:

Standard Deviation 0 = 0

TOTAL A & B 3 = Sev. 3 = 03 %

II. Communications

articulation: 3
language: 4
fluency: ok
voice: ok

TOTAL COMM. SCORE: 7

RECOMMENDATION: 7 = Sev. 5 = 10 %

III. Classroom Behavior

0 - Standard Program
1 - Standard Program and Behavior Management
2 - Regularly Scheduled Consultation
3 - Regularly Scheduled Intervention
4 - Engineered Classroom

No Problem Reported

Standard Deviation _____ = Sev. _____ = _____ %

TOTAL PERCENT IN PROGRAMS 13 %

COMMENTS

WISC-R
Verbal
Performance
Full Scale

Woodcock Read

1.5 X 84 / 7.42-5.2 = 57.3

Key Math

2.1 X 84 / 7.42-5.2 = 80.

Spelling(PIAT

1.8 X 84 / 7.42-5.2 = 68

Communication Skills:

Goldman Frist
Artic.
w/r = 3
w/l = 3
(2 scored phonemes)

T.A.C.L. =6
3 mo.= 3
Devel. Sent Analyses
=5 yr.2 mo.

Expressive Language=4

Although Susan's IQ may have placed her in the EMH category, she is functioning very close to grade level academically. Susan's recommended program, after the computation of a severity, would include: 1) an itinerant resource teacher working with the child 2 to 3 times a week (3%) on reading and spelling skills, and 2) an intensive speech and language program with services being provided at approximately 45 to 60 minutes per day (10%). Over 85% of Susan's day would be spent in her regular classroom. This would be consistent with the concept of "least restrictive alternative" and allow Susan all of the benefits associated with the standard academic program.

DISCUSSION

The Central Nebraska Support Service Program, a special education cooperative agency made up of 30 school districts, adopted the Assessment Placement Monitoring Index as part of the referral, evaluation, and placement process in 1977. In the past two years the APMI procedure has been applied in the placement process of 1400 school age children. Analysis of this application has demonstrated several benefits relative to the use of the APMI.

The special services staff have found in the procedure, a more objective method of placing exceptional children. The APMI requires a multi-disciplinary assessment of specific areas which results in the rationale for placement. The worksheet serves as a useful "parent conferencing guide" in explaining areas of assessment, and student strengths and weaknesses. The student's needs are easily identified and prioritized for individualized educational plan development. This in turn offers a baseline for monitoring the student's growth.

The APMI offers the opportunity for objective assessment of individual student progress as well as administrative assessment of total program efficacy. The annual IEP review and up-date is used to compare the student to his original APMI basetime (severity) and measure progress, maintenance, or regression. This information then lends itself to examination to all programs and their effectiveness. Special education program planning can then be based on objective data which

considers not only student enrollment but also the benefits of special placements and the total severity of classrooms and caseloads.

ACKNOWLEDGMENT

This project has been supported by the Central Nebraska Support Service Program, the Grand Island Public Schools, and the Nebraska State Department of Education. We wish to acknowledge the valuable contributions of Ron Combs, CNSSP Administrator, and the professional and clerical staff of these agencies.

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